STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344001	A. BUILDING _____ B. WING _____	C 05/31/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOROTHEA DIX HOSP	820 S BOYLAN AVE RALEIGH, NC 27603

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A 400	489.20(l) COMPLIANCE WITH §489.24 The provider agrees, in the case of a hospital as defined in §489.24(b), to comply with §489.24. This STANDARD is not met as evidenced by: Based on medical record reviews, staff and physician interviews and review of the hospital's policies and procedures, the hospital failed to comply with 489.24. The findings include: ~cross refer to Tag A409.	A 400		
A 409	489.24(e)(1) APPROPRIATE TRANSFER If an individual at a hospital has an emergency medical condition that has not been stabilized (as defined in paragraph (b) of this section), the hospital may not transfer the individual unless the transfer is an appropriate transfer (within the meaning of paragraph (e)(2) of this section); and the individual (or a legally responsible person acting on the individual's behalf) requests the transfer, after being informed of the hospital's obligations under this section and of the risk of transfer. The request must be in writing and indicate the reasons for the request as well as indicate that he or she is aware of the risks and benefits of the transfer. A physician (within the meaning of section 1861(r)(1) of the Act) has signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or,	A 409		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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in the case of a woman in labor, to the woman or the unborn child, from being transferred. The certification must contain a summary of the risks and benefits upon which it is based. Or, if a physician is not physically present in the emergency department at the time an individual is transferred, a qualified medical person (as determined by the hospital in its bylaws or rules and regulations) has signed a certification described in paragraph (e)(1)(ii)(B) of this section after a physician (as defined in section 1861(r)(1) of the Act) in consultation with the qualified medical person, agrees with the certification and subsequently countersigns the certification. The certification must contain a summary of the risks and benefits upon which it is based.

A transfer to another medical facility will be appropriate only in those cases in which the transferring hospital provides medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child and the receiving facility has available space and qualified personnel for the treatment of the individual and has agreed to accept transfer of the individual and to provide appropriate medical treatment.

The transferring hospital sends to the receiving facility all medical records (or copies thereof) related to the emergency condition which the individual has presented that are available at the time of the transfer, including available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests and the informed written consent or certification

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A 409	Continued From page 2 (or copy thereof) required under paragraph (e)(1)(ii) of this section, and the name and address of any on-call physician (described in paragraph (g) of this section) who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment. Other records (e.g., test results not yet available or historical records not readily available from the hospital's files) must be sent as soon as practicable after transfer and the transfer is effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer. This STANDARD is not met as evidenced by: Based on "Standards of Clinical Practice Manual" review, closed medical record reviews, and staff interviews the physician failed to provide for patients with an Emergent Medical Condition (EMC) written certification of transfer for the transfer in 2 of 8 patients transferred from the Dedicated Emergency Department (DED) to another facility (# 13, 15). The findings include: Review of the "Standards of Clinical Practice Manual E-6" effective 7-1-2004 revealed III. Transfer/Transport A. Transfer to outside medical facilities 1. If it is determined that (name of hospital) cannot treat the patient within its means, the patient may be transferred to a local medical facility that has the capacity and is capable of treating the patient provided following	A 409		

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A 409	Continued From page 3 actions are taken:...The physician certifies in writing that the benefits of transporting outweigh the risks, and it is the best medical interest of the patient if the patient is not admitted to the hospital or is a visitor or employee...b. An authorized representative from the receiving hospital accepts the patient transfer after discussion of the case with the receiving hospital physician(or authorized representative)...c. Transporting of the patient is effected via qualified persons (i.e. trained in CPR) and appropriate equipment is available (I.e. life support measures)...d. Copies of all pertinent medical records at the time of th transfer are sent to the receiving hospital. All additional records pertinent to the care of the patient still pending at the time of transfer will be sent to the receiving hospital as soon as available." 1. Medical record review of Patient # 13 revealed the patient presented to the Admissions/Screening area (the hospital's DED), after being referred by the patient's private psychiatrist on 4-26-07 at 1719 for a chief complaint of assaultive behavior, medication noncompliance, hallucinations, bipolar and involuntary commitment (IVC) evaluation. Review of the Medical Screening Exam (MSE) completed by the physician revealed the patient had assaulted her brother, grandmother and friend. The MSE revealed a diagnosis of Mood disorder, borderline personality, schizoaffective disorder. Further review revealed the patient was "denied" admission to the hospital but the patient was to be transferred to another psychiatric hospital since the patient had family that worked on the unit the patient would be admitted to. Review of the MSE revealed the patient's suicide assessment was "Risk factors for suicidal behavior reviewed. Level of observation ordered	A 409		

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is consistent with potential for suicidal behavior." Record review revealed documentation on the "Face Sheet" that the patient was involuntarily committed (threat to self or others). Review of the record did not reveal any official IVC paperwork Record review revealed no documentation of physician certification for transfer. Record review did not reveal documentation of the time the patient was transferred, reassessment of the patient or how the patient was transferred.

Interview with the administrative medical records staff on 5-31-07 at 1100 revealed there was no documentation available of a physicians's certification for transfer for the record. The interview revealed the receiving hospital had been notified regarding the request for copies of the physician certification and were not available.

Interview on 5-31-07 at 1330 with Physician # 1 (Lead Physician for Admissions/Screening Area) revealed the physician was aware of patient # 13. The interview revealed the patient was involuntarily committed (threat to self or others). The interview confirmed the patient was transferred to another psychiatric hospital. The interview revealed there was no further documentation for the record available.

Interview on 5-31-07 at 1400 with the attending physician for patient # 13 revealed the patient was an IVC. The interview revealed the patient was transferred to another hospital because the patient required hospitalization and the patient had a family member that worked at the hospital. The interview revealed the physician did not complete a physician certification for transfer. The interview indicated the physician did not think

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a certification for transfer was required since the patient was being transferred to another "state" psychiatric hospital.

2. Medical record review of Patient # 15 revealed the patient presented to the Admissions/Screening area (the hospital's DED), on 4-16-07 at 1131 for a chief complaint of depressed and suicidal. Record review revealed the patient was brought in by friends. Review of the Medical Screening Exam (MSE) completed by the physician revealed the patient had "suicidal ideations with plan" and the patient had homicidal ideations. Review of the MSE revealed the patient was "trying to get up nerve to kill self", started giving possessions away and "getting affairs in order." Record review revealed the patient had a history of suicide attempt. The patient was diagnosed with "recurrent major depression, severe without psychotic features." Review of the documentation by the physician revealed "will need to be inpt (in patient) somewhere but will attempt diversion closer to home." Record review revealed documentation by a second physician that the patient was transferred to another hospital and this care decision had been discussed with the first physician treating the patient. Record review revealed no documentation of physician certification for transfer. Record review revealed no time when the patient was transferred or how the patient was transferred to the other hospital.

Interview with administrative medical records staff on 5-31-07 at 1100 revealed there was no documentation available of a physician's certification for transfer. The interview revealed patient # 15 was a voluntary patient and the hospital did not do physician certifications for

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A 409	Continued From page 6 voluntary patients. Interview on 5-31-07 at 1330 with the attending physician for patient # 15 revealed the patient did have suicidal and homicidal thoughts and the patient did have a plan. The interview revealed the hospital had the capability and resources to treat and admit the patient. The interview revealed the patient was transferred because the patient had insurance that would be accepted at private hospitals and the physician was trying to get the patient closer to home. The interview revealed the facility the patient was transferred to was not closer to home compared to the hospital. The interview revealed the care of the patient had been turned over to another physician prior to transfer due to end of the physician's shift. The interview confirmed there was no documentation for a physician certification for transfer.	A 409		